Vermont Primary School

***Swimming Program 1 2015***

*Prep F, Prep H, Prep L, Prep S, Prep T, 1CW, 1JS, 1MS, 1TE, 2AH, 2BP and 2KM*

*3AS, 3AW, 3CW, 3KJ, 5AT, 5JH and 5SD*

***AquaLink Nunawading***

Tuesday 14th April to Thursday 23rd April 2015

Dear Parents,

As part of our comprehensive Physical Education and Sport Program within the school curriculum, we are conducting our popular Aquatic Education Program. This is an 8 day intensive Swimming Program, incorporating one lesson per day. It will be held at AquaLink Nunawading from Tuesday 14th April to Thursday 23rd April. A bus shuttle will operate each day transporting children to and from the pool.

The cost of the program is $115.00 payable by Friday 20th March or two instalments, one of $65.00 by Friday 6th March and a second of $50 by Friday 20th March.

The Swimming Program recognises that obtaining aquatic skills involves more than just learning the strokes. It equips students with life-saving skills enabling them to participate safely in numerous water sports such as surfing, sailing, snorkelling etc. Thank you for supporting this very important aspect of our Physical Education and Sport Program.

# Dr. Robin Stickland Clinton Walsh

**Principal Physical Education Coordinator**

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Vermont Primary School

***Swimming Program 1 2015***

*Prep F, Prep H, Prep L, Prep S, Prep T, 1CW, 1JS, 1MS, 1TE, 2AH, 2BP and 2KM*

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***AquaLink Nunawading***

Tuesday 14th April to Thursday 23rd April 2015

# Child’s Name ……………………………………………………………………....... Grade ……………………..

* My child will participate in the swimming program and I enclose $115 as full payment. 🞎
* I enclose $65 deposit and will pay remaining $50 by Friday 20th March. 🞎

**I give permission for my child to travel by bus to and from AquaLink Nunawading and authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child's receiving such medical or surgical treatment as may be deemed necessary.**

Signed …………………………………………………… Phone ………………………………………………

(Parent/Guardian)

Emergency …………………………………………

**Medical Conditions (please circle)** None Anaphylactic

Asthmatic Diabetes

Other ……………………………………………………………………………………………………………….

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| --- |
| **CREDIT CARD PAYMENT Mastercard Visa (please circle)**  **Payment for: Swimming Program @ AquaLink Nunawading** |
| **Amount $ Credit Card Number \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_** |
| **Expiry Date: \_\_\_\_/\_\_\_\_ Name on Credit Card:** |
| **Signature: STUDENT NAME AND GRADE:** |